

L16000100926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 23 2015
J. HARRIS

OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024
TEL: 844-386-0178
FAX: 214-317-4754
EMAIL: nancyh26@me.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 6/15/2016

From: Nancy Luna

To: Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: **AR Advisors International, LLC**

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

****Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above****

**PLEASE RETURN FILED DOUCMENTS TO :
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AR ADVISORS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Luna

Name of Person

Rocket Lawyer

Firm/Company

5850 Granite Parkway, Suite 215

Address

Plano, TX 75024

City/State and Zip Code

spreskenis@boltonglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Luna

818 967-1467
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AR ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/24/2016 and assigned
Florida document number L16000100926.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AR Advisors International, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Daniel Aymerich

New Registered Office Address: 801 Brickell Ave., Suite 2260

Enter Florida street address

Miami Florida 33131

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Aymeric	801 Brickell Ave., Suite 2260	<input type="checkbox"/> Add
		Miami, FL, 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Aymerich	801 Brickell Ave., Suite 2260	<input checked="" type="checkbox"/> Add
		Miami, FL, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 14, 2016

DANIEL AGMER
Signature of a member or authorized

Signature of a member or authorized representative of a member

DANIEL AYMERI

Typed or printed name of signee

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